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|---|---|
| FCC Form 481 - Carrier Annual Reporting Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|---|

| | |
|---|------------------------------|
| <010> Study Area Code | 442072 |
| <015> Study Area Name | CONSOLIDATED FT BEND |
| <020> Program Year | 2018 |
| <030> Contact Name: Person USAC should contact with questions about this data | Elsa Werner |
| <035> Contact Telephone Number: Number of the person identified in data line <030> | 9167861734 ext. |
| <039> Contact Email Address: Email of the person identified in data line <030> | Elsa.Werner@consolidated.com |
| Form Type | 54.313 and 54.422 |

Page 2

| (200) Service Outage Reporting (Voice) Data Collection Form | | | | | | | | | | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 | | | |
|--|---|------------------------------|-------------------|-----------------|-----------------|------|------------------------------|---------------------------|------------------------------------|--|--|---------------------------|-----------------------|
| <010> | Study Area Code | 442072 | | | | | | | | | | | |
| <015> | Study Area Name | CONSOLIDATED FT BEND | | | | | | | | | | | |
| <020> | Program Year | 2018 | | | | | | | | | | | |
| <030> | Contact Name - Person USAC should contact regarding this data | Elsa Werner | | | | | | | | | | | |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 9167861734 ext. | | | | | | | | | | | |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | Elsa.Werner@consolidated.com | | | | | | | | | | | |
| <210> | For the prior calendar year, were there any reportable voice service outages? | | | | | | | | | | | | |
| <220> | NORS Reference Number | <a> | <b1> | <b2> | <b3> | <b4> | <c1> | <c2> | <d> | <e> | <f> | <g> | <h> |
| | | Outage Start Date | Outage Start Time | Outage End Date | Outage End Time | | Number of Customers Affected | Total Number of Customers | 911 Facilities Affected (Yes / No) | Service Outage Description (Check all that apply) | Did This Outage Affect Multiple Study Areas (Yes / No) | Service Outage Resolution | Preventive Procedures |


(300) Unfulfilled Service Request
Data Collection Form



FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|-------|---|------------------------------|
| <010> | Study Area Code | 442072 |
| <015> | Study Area Name | CONSOLIDATED FT. BEND |
| <020> | Program Year | 2018 |
| <030> | Contact Name - Person USAC should contact regarding this data | Elsa Werner |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 9167861734 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | Elsa.Werner@consolidated.com |
| <300> | Unfulfilled service request (voice) | |
| <310> | Detail on attempts (voice) | |
| <320> | Unfulfilled service request (broadband) | |
| <330> | Detail on attempts (broadband) | |

| | |
|--|--|
| (400) Number of Complaints per 1,000 customers Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|--|--|

| | | |
|-------|--|------------------------------|
| <010> | Study Area Code | 442072 |
| <015> | Study Area Name | CONSOLIDATED FT BEND |
| <020> | Program Year | 2018 |
| <030> | Contact Name - Person USAC should contact regarding this data | Elsa Werner |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 9167861734 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | Elsa.Werner@consolidated.com |
| <400> | Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize. | |
| <410> | Complaints per 1000 customers for fixed voice | |
| <420> | Complaints per 1000 customers for mobile voice | |
| <430> | Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize. | |
| <440> | Complaints per 1000 customers for fixed broadband | |
| <450> | Complaints per 1000 customers for mobile broadband | |

| | | |
|--|--|--|
| (500) Compliance With Service Quality Standards and Consumer Protection Rules | | FCC Form 481 |
| Data Collection Form | | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| | | July 2013 |
| <010> | Study Area Code | 442072 |
| <015> | Study Area Name | CONSOLIDATED FT BEND |
| <020> | Program Year | 2018 |
| <030> | Contact Name - Person USAC should contact regarding this data | Elsa Werner |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 9167861734 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | Elsa.Werner@consolidated.com |
| <500> | Certify compliance with applicable service quality standards and consumer protection rules |  |
| <510> | Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance | |
| <515> | Certify compliance with applicable minimum service standards | |

| | | |
|---|---|--|
| (600) Functionality in Emergency Situations Data Collection Form | | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
| <010> Study Area Code | 442072 | |
| <015> Study Area Name | CONSOLIDATED FT BEND | |
| <020> Program Year | 2018 | |
| <030> Contact Name - Person USAC should contact regarding this data | Elsa Werner | |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 9167861734 ext. | |
| <039> Contact Email Address - Email Address of person identified in data line <030> | Elsa.Werner@consolidated.com | |
| <600> Certify compliance regarding ability to function in emergency situations |  | |
| <610> Descriptive document for Functionality in Emergency Situations |  | |

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

Elsa.Werner@consolidated.com

1000

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 | 101 | 102 | 103 | 104 | 105 | 106 | 107 | 108 | 109 | 110 | 111 | 112 | 113 | 114 | 115 | 116 | 117 | 118 | 119 | 120 | 121 | 122 | 123 | 124 | 125 | 126 | 127 | 128 | 129 | 130 | 131 | 132 | 133 | 134 | 135 | 136 | 137 | 138 | 139 | 140 | 141 | 142 | 143 | 144 | 145 | 146 | 147 | 148 | 149 | 150 | 151 | 152 | 153 | 154 | 155 | 156 | 157 | 158 | 159 | 160 | 161 | 162 | 163 | 164 | 165 | 166 | 167 | 168 | 169 | 170 | 171 | 172 | 173 | 174 | 175 | 176 | 177 | 178 | 179 | 180 | 181 | 182 | 183 | 184 | 185 | 186 | 187 | 188 | 189 | 190 | 191 | 192 | 193 | 194 | 195 | 196 | 197 | 198 | 199 | 200 | 201 | 202 | 203 | 204 | 205 | 206 | 207 | 208 | 209 | 210 | 211 | 212 | 213 | 214 | 215 | 216 | 217 | 218 | 219 | 220 | 221 | 222 | 223 | 224 | 225 | 226 | 227 | 228 | 229 | 230 | 231 | 232 | 233 | 234 | 235 | 236 | 237 | 238 | 239 | 240 | 241 | 242 | 243 | 244 | 245 | 246 | 247 | 248 | 249 | 250 | 251 | 252 | 253 | 254 | 255 | 256 | 257 | 258 | 259 | 260 | 261 | 262 | 263 | 264 | 265 | 266 | 267 | 268 | 269 | 270 | 271 | 272 | 273 | 274 | 275 | 276 | 277 | 278 | 279 | 280 | 281 | 282 | 283 | 284 | 285 | 286 | 287 | 288 | 289 | 290 | 291 | 292 | 293 | 294 | 295 | 296 | 297 | 298 | 299 | 300 | 301 | 302 | 303 | 304 | 305 | 306 | 307 | 308 | 309 | 310 | 311 | 312 | 313 | 314 | 315 | 316 | 317 | 318 | 319 | 320 | 321 | 322 | 323 | 324 | 325 | 326 | 327 | 328 | 329 | 330 | 331 | 332 | 333 | 334 | 335 | 336 | 337 | 338 | 339 | 340 | 341 | 342 | 343 | 344 | 345 | 346 | 347 | 348 | 349 | 350 | 351 | 352 | 353 | 354 | 355 | 356 | 357 | 358 | 359 | 360 | 361 | 362 | 363 | 364 | 365 | 366 | 367 | 368 | 369 | 370 | 371 | 372 | 373 | 374 | 375 | 376 | 377 | 378 | 379 | 380 | 381 | 382 | 383 | 384 | 385 | 386 | 387 | 388 | 389 | 390 | 391 | 392 | 393 | 394 | 395 | 396 | 397 | 398 | 399 | 400 | 401 | 402 | 403 | 404 | 405 | 406 | 407 | 408 | 409 | 410 | 411 | 412 | 413 | 414 | 415 | 416 | 417 | 418 | 419 | 420 | 421 | 422 | 423 | 424 | 425 | 426 | 427 | 428 | 429 | 430 | 431 | 432 | 433 | 434 | 435 | 436 | 437 | 438 | 439 | 440 | 441 | 442 | 443 | 444 | 445 | 446 | 447 | 448 | 449 | 450 | 451 | 452 | 453 | 454 | 455 | 456 | 457 | 458 | 459 | 460 | 461 | 462 | 463 | 464 | 465 | 466 | 467 | 468 | 469 | 470 | 471 | 472 | 473 | 474 | 475 | 476 | 477 | 478 | 479 | 480 | 481 | 482 | 483 | 484 | 485 | 486 | 487 | 488 | 489 | 490 | 491 | 492 | 493 | 494 | 495 | 496 | 497 | 498 | 499 | 500 | 501 | 502 | 503 | 504 | 505 | 506 | 507 | 508 | 509 | 510 | 511 | 512 | 513 | 514 | 515 | 516 | 517 | 518 | 519 | 520 | 521 | 522 | 523 | 524 | 525 | 526 | 527 | 528 | 529 | 530 | 531 | 532 | 533 | 534 | 535 | 536 | 537 | 538 | 539 | 540 | 541 | 542 | 543 | 544 | 545 | 546 | 547 | 548 | 549 | 550 | 551 | 552 | 553 | 554 | 555 | 556 | 557 | 558 | 559 | 560 | 561 | 562 | 563 | 564 | 565 | 566 | 567 | 568 | 569 | 570 | 571 | 572 | 573 | 574 | 575 | 576 | 577 | 578 | 579 | 580 | 581 | 582 | 583 | 584 | 585 | 586 | 587 | 588 | 589 | 590 | 591 | 592 | 593 | 594 | 595 | 596 | 597 | 598 | 599 | 600 | 601 | 602 | 603 | 604 | 605 | 606 | 607 | 608 | 609 | 610 | 611 | 612 | 613 | 614 | 615 | 616 | 617 | 618 | 619 | 620 | 621 | 622 | 623 | 624 | 625 | 626 | 627 | 628 | 629 | 630 | 631 | 632 | 633 | 634 | 635 | 636 | 637 | 638 | 639 | 640 | 641 | 642 | 643 | 644 | 645 | 646 | 647 | 648 | 649 | 650 | 651 | 652 | 653 | 654 | 655 | 656 | 657 | 658 | 659 | 660 | 661 | 662 | 663 | 664 | 665 | 666 | 667 | 668 | 669 | 670 | 671 | 672 | 673 | 674 | 675 | 676 | 677 | 678 | 679 | 680 | 681 | 682 | 683 | 684 | 685 | 686 | 687 | 688 | 689 | 690 | 691 | 692 | 693 | 694 | 695 | 696 | 697 | 698 | 699 | 700 | 701 | 702 | 703 | 704 | 705 | 706 | 707 | 708 | 709 | 710 | 711 | 712 | 713 | 714 | 715 | 716 | 717 | 718 | 719 | 720 | 721 | 722 | 723 | 724 | 725 | 726 | 727 | 728 | 729 | 730 | 731 | 732 | 733 | 734 | 735 | 736 | 737 | 738 | 739 | 740 | 741 | 742 | 743 | 744 | 745 | 746 | 747 | 748 | 749 | 750 | 751 | 752 | 753 | 754 | 755 | 756 | 757 | 758 | 759 | 760 | 761 | 762 | 763 | 764 | 765 | 766 | 767 | 768 | 769 | 770 | 771 | 772 | 773 | 774 | 775 | 776 | 777 | 778 | 779 | 780 | 781 | 782 | 783 | 784 | 785 | 786 | 787 | 788 | 789 | 790 | 791 | 792 | 793 | 794 | 795 | 796 | 797 | 798 | 799 | 800 | 801 | 802 | 803 | 804 | 805 | 806 | 807 | 808 | 809 | 810 | 811 | 812 | 813 | 814 | 815 | 816 | 817 | 818 | 819 | 820 | 821 | 822 | 823 | 824 | 825 | 826 | 827 | 828 | 829 | 830 | 831 | 832 | 833 | 834 | 835 | 836 | 837 | 838 | 839 | 840 | 841 | 842 | 843 | 844 | 845 | 846 | 847 | 848 | 849 | 850 | 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1444 | 1445 | 1446 | 1447 | 1448 | 1449 | 1450 | 1451 | 1452 | 1453 | 1454 | 1455 | 1456 | 1457 | 1458 | 1459 | 1460 | 1461 | 1462 | 1463 | 1464 | 1465 | 1466 | 1467 | 1468 | 1469 | 1470 | 1471 | 1472 | 1473 | 1474 | 1475 | 1476 | 1477 | 1478 | 1479 | 1480 | 1481 | 1482 | 1483 | 1484 | 1485 | 1486 | 1487 | 1488 | 1489 | 1490 | 1491 | 1492 | 1493 | 1494 | 1495 | 1496 | 1497 | 1498 |
|--|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|----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|--|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|----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| | | | |
|---|--|--|--|
| (710) Broadband Price Offerings Data Collection Form | | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 | |
|---|--|--|--|

| | | |
|-------|---|------------------------------|
| <010> | Study Area Code | 442072 |
| <015> | Study Area Name | CONSOLIDATED FT BEND |
| <020> | Program Year | 2018 |
| <030> | Contact Name - Person USAC should contact regarding this data | Elsa Werner |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 9167861734 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | Elsa.Werner@consolidated.com |

| <711> | <a1> | <a2> | <b1> | <b2> | <c> | <d1> | <d2> | <d3> | <d4> |
|-------|-------|-----------------|------------------|----------------------|---------------------|---|---|----------------------|---|
| | State | Exchange (ILEC) | Residential Rate | State Regulated Fees | Total Rate and Fees | Broadband Service - Download Speed (Mbps) | Broadband Service - Upload Speed (Mbps) | Usage Allowance (GB) | Usage Allowance Action Taken When Limit Reached {select } |
| | | | | | | | | | |

(800) Operating Companies
Data Collection Form
FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|-------|---|---|
| <010> | Study Area Code | 442072 |
| <015> | Study Area Name | CONSOLIDATED FT BEND |
| <020> | Program Year | 2018 |
| <030> | Contact Name - Person USAC should contact regarding this data | Elsa Werner |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 9167861734 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | Elsa.Werner@consolidated.com |
| <810> | Reporting Carrier | Consolidated Communications of FortBend Company |
| <811> | Holding Company | Consolidated Communications, Inc. |
| <812> | Operating Company | Consolidated Communications of FortBend Company |

[illegible]

(900) Tribal Lands Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|-------|---|------------------------------|
| <010> | Study Area Code | 442072 |
| <015> | Study Area Name | CONSOLIDATED FT BEND |
| <020> | Program Year | 2018 |
| <030> | Contact Name - Person USAC should contact regarding this data | Elsa Werner |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 9167861734 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | Elsa.Werner@consolidated.com |

<900> Does the filing entity offer tribal land services? (Y/N) No

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

| | | |
|---|--|--|
| (1000) Voice and Broadband Service Rate Comparability Data Collection Form | | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|--|--|

| | | |
|-------|---|------------------------------|
| <010> | Study Area Code | 442072 |
| <015> | Study Area Name | CONSOLIDATED FT BEND |
| <020> | Program Year | 2018 |
| <030> | Contact Name - Person USAC should contact regarding this data | |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | Elsa Werner 9167861734 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | Elsa.Werner@consolidated.com |



- <1000> Voice services rate comparability certification
- <1010> Attach detailed description for voice services rate comparability compliance
- <1020> Broadband comparability certification
- <1030> Attach detailed description for broadband comparability compliance

| | | |
|--|--|--|
| (1100) No Terrestrial Backhaul Reporting Data Collection Form | | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|--|--|--|

| | | |
|-------|---|------------------------------|
| <010> | Study Area Code | 442072 |
| <015> | Study Area Name | CONSOLIDATED FT BEND |
| <020> | Program Year | 2018 |
| <030> | Contact Name - Person USAC should contact regarding this data | Elsa Werner |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 9167861734 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | Elsa.Werner@consolidated.com |

| | | |
|--------|---|-------------|
| <1100> | Certify whether terrestrial backhaul options exist (Y/N) | <div></div> |
| <1130> | Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g). | |

| | | |
|--|--|--|
| | | |
|--|--|--|

| | | |
|--|--|---|
| (1200) Terms and Condition for Lifeline Customers | | FCC Form 481 |
| Lifeline | | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| Data Collection Form | | July 2013 |

| | | |
|-------|---|------------------------------|
| <010> | Study Area Code | 442072 |
| <015> | Study Area Name | CONSOLIDATED FT BEND |
| <020> | Program Year | 2018 |
| <030> | Contact Name - Person USAC should contact regarding this data | Elsa Werner |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 9167861734 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | Elsa.Werner@consolidated.com |

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP

<https://www.consolidated.com/support/terms-policies/tariffs-service-catalogs/texas>

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

☒

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,

☒

<1222> Details on the number of minutes provided as part of the plan,

☒

<1223> Additional charges for toll calls, and rates for each such plan.

| | | | |
|--|---|---|--|
| (2005) Price Cap Carrier Additional Documentation | | FCC Form 481 | |
| Data Collection Form | | OMB Control No. 3060-0986/OMB Control No. 3060-0819 | |
| <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i> | | July 2013 | |
| <010> | Study Area Code | 442072 | |
| <015> | Study Area Name | CONSOLIDATED FT BEND | |
| <020> | Program Year | 2018 | |
| <030> | Contact Name - Person USAC should contact regarding this data | Elsa Werner | |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 9167861734 ext. | |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | Elsa.Werner@consolidated.com | |

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting



- <2011> 3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the July 2017 certification, this applies to Round 2 recipients of Incremental Support.
- <2022> Recipient certifies, representing year three after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.
- <2023> The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year three - 54.313(b)(2)(ii). Round 2 recipients only.
- <2024A> Round 2 Recipient of Incremental Support?

Name of Attached Document Listing
Required Information



- <2024B> Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only.

<2025A> Round 2 Recipient of Incremental Support?

Name of Attached Document Listing
Required Information

- <2025B> Attach geocoded Information for Phase I milestone reports (Round 2 for year three) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013).

- <2015> 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)



| | | |
|---|--|---|
| (2005) Price Cap Carrier Additional Documentation | | FCC Form 481 |
| Data Collection Form | | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers | | July 2013 |

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification support used to build broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017A> Connect America Fund Phase II recipient?

<2017C> Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)



Name of Attached Document Listing
Required Information



(3005) Rate Of Return Carrier Additional Documentation
Data Collection FormFCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|-------|---|------------------------------|
| <010> | Study Area Code | 442072 |
| <015> | Study Area Name | CONSOLIDATED FT BEND |
| <020> | Program Year | 2018 |
| <030> | Contact Name - Person USAC should contact regarding this data | Elsa Werner |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 9167861734 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | Elsa.Werner@consolidated.com |

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

| | | |
|---------|--|--|
| (3009) | Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii) | |
| (3010A) | Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)} | |
| (3010B) | Please Provide Attachment | Name of Attached Document Listing Required Information |
| (3012A) | Community Anchor Institutions {47 CFR § 54.313(f)(1)(iii)} | |
| (3012B) | Please Provide Attachment | Name of Attached Document Listing Required Information |
| (3013) | Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)} | <input type="radio"/> (Yes) <input type="radio"/> (No) |
| (3014) | If yes, does your company file the RUS annual report | <input type="radio"/> (Yes) <input type="radio"/> (No) |
| | Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: | |
| (3015) | Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) | <input type="checkbox"/> |
| (3016) | Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows | <input type="checkbox"/> |
| (3017) | If the response is yes on line 3014, attach your company's RUS annual report and all required documentation | Name of Attached Document Listing Required Information |
| (3018) | If the response is no on line 3014, is your company audited? | <input type="radio"/> (Yes) <input type="radio"/> (No) |
| | If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains: | |
| (3019) | Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers | <input type="checkbox"/> |
| (3020) | Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows | <input type="checkbox"/> |
| (3021) | Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. | <input type="checkbox"/> |
| | If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains: | |
| (3022) | Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers | <input type="checkbox"/> |
| (3023) | Underlying information subjected to a review by an independent certified public accountant | <input type="checkbox"/> |
| (3024) | Underlying information subjected to an officer certification. | <input type="checkbox"/> |
| (3025) | Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows | <input type="checkbox"/> |
| (3026) | Attach the worksheet listing required information | Name of Attached Document Listing Required Information |

| | | |
|--|--|---|
| (3005) Rate Of Return Carrier Additional Documentation (Continued) | | FCC Form 481 |
| Data Collection Form | | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| | | July 2013 |

| | | |
|-------|---|------------------------------|
| <010> | Study Area Code | 442072 |
| <015> | Study Area Name | CONSOLIDATED FT. BEND |
| <020> | Program Year | 2018 |
| <030> | Contact Name - Person USAC should contact regarding this data | Elsa Werner |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 9167861734 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | Elsa.Werner@consolidated.com |

Financial Data Summary

| | |
|---|--|
| (3027) Revenue | |
| (3028) Operating Expenses | |
| (3029) Net Income | |
| (3030) Telephone Plant In Service(TPIS) | |
| (3031) Total Assets | |
| (3032) Total Debt | |
| (3033) Total Equity | |
| (3034) Dividends | |

(4005) Rural Broadband Experiment Additional Documentation
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|-------|---|------------------------------|
| <010> | Study Area Code | 442072 |
| <015> | Study Area Name | CONSOLIDATED FT BEND |
| <020> | Program Year | 2018 |
| <030> | Contact Name - Person USAC should contact regarding this data | Elsa Werner |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 9167861734 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | Elsa.Werner@consolidated.com |

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission’s public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

Name of Attached Document Listing Required Information

Broadband Deployment Locations – FCC 14-98 (paragraph 80)

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.

Name of Attached Document Listing Required Information

4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area.

Name of Attached Document Listing Required Information

| | |
|---|--|
| Certification - Reporting Carrier Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|--|

| | |
|---|------------------------------|
| <010> Study Area Code | 442072 |
| <015> Study Area Name | CONSOLIDATED FT BEND |
| <020> Program Year | 2018 |
| <030> Contact Name - Person USAC should contact regarding this data | Elsa Werner |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 9167861734 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | Elsa.Werner@consolidated.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

| | |
|---|---|
| Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients | |
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. | |
| Name of Reporting Carrier: CONSOLIDATED FT BEND | |
| Signature of Authorized Officer: CERTIFIED ONLINE | Date 06/29/2017 |
| Printed name of Authorized Officer: Michael Shultz | |
| Title or position of Authorized Officer: Vice President Regulatory & Public Policy | |
| Telephone number of Authorized Officer: 9367887414 ext. | |
| Study Area Code of Reporting Carrier: 442072 | Filing Due Date for this form: 07/03/2017 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

| | |
|---|--|
| Certification - Agent / Carrier Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|--|

| | |
|---|------------------------------|
| <010> Study Area Code | 442072 |
| <015> Study Area Name | CONSOLIDATED FT BEND |
| <020> Program Year | 2018 |
| <030> Contact Name - Person USAC should contact regarding this data | Elsa Werner |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 9167861734 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | Elsa.Werner@consolidated.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

| | |
|--|--------------------------------|
| Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier | |
| I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. | |
| Name of Authorized Agent: | |
| Name of Reporting Carrier: | |
| Signature of Authorized Officer: | Date: |
| Printed name of Authorized Officer: | |
| Title or position of Authorized Officer: | |
| Telephone number of Authorized Officer: | |
| Study Area Code of Reporting Carrier: | Filing Due Date for this form: |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

TO BE COMPLETED BY THE AUTHORIZED AGENT:

| | |
|--|--------------------------------|
| Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier | |
| I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. | |
| Name of Reporting Carrier: | |
| Name of Authorized Agent Firm: | |
| Signature of Authorized Agent or Employee of Agent: | Date: |
| Name of Authorized Agent Employee: | |
| Title or position of Authorized Agent or Employee of Agent | |
| Telephone number of Authorized Agent or Employee of Agent: | |
| Study Area Code of Reporting Carrier: | Filing Due Date for this form: |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

Attachments

**(700) Price Offerings including Voice Rate Data
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|-------|---|------------------------------|
| <010> | Study Area Code | 442072 |
| <015> | Study Area Name | CONSOLIDATED FT. BEND |
| <020> | Program Year | 2018 |
| <030> | Contact Name - Person USAC should contact regarding this data | Elsa Werner |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 9167861734 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | Elsa.Werner@consolidated.com |

| | Residential Local Service Charge Effective Date |
|-------|--|
| <701> | Single State-wide Residential Local Service Charge |
| <702> | |

<703>

| <a1> | <a2> | <a3> | <b1> | <b2> | <b3> | <b4> | <b5> | <c> |
|-------|-----------------|------------|-----------|--------------------------------|------------------------------|-----------------------------|--|-------------------------------|
| State | Exchange (ILEC) | SAC (CEIC) | Rate Type | Residential Local Service Rate | State Subscriber Line Charge | State Universal Service Fee | Mandatory Extended Area Service Charge | Total per line Rates and Fees |

REDACTED – FOR PUBLIC INFORMATION

| (710) Broadband Price Offerings Data Collection Form | | | | | | | | | | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 | | |
|---|---|------------------------------|----------------------|-----|----------------------|---|---|----------------------|--|--|--|--|
| <a1> | <a2> | <b1> | <b2> | <c> | <d1> | <d2> | <d3> | <d4> | | | | |
| State | Exchange (ILEC) | Residential Rate | State Regulated Fees | | Total Rates and Fees | Broadband Service - Download Speed (Mbps) | Broadband Service - Upload Speed (Mbps) | Usage Allowance (GB) | Usage Allowance Action Taken When Limit Reached {select} | | | |
| <010> | Study Area Code | 442072 | | | | | | | | | | |
| <015> | Study Area Name | CONSOLIDATED FT BEND | | | | | | | | | | |
| <020> | Program Year | 2018 | | | | | | | | | | |
| <030> | Contact Name - Person USAC should contact regarding this data | Elsa Werner | | | | | | | | | | |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 9167861734 ext. | | | | | | | | | | |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | Elsa.Werner@consolidated.com | | | | | | | | | | |

REDACTED – FOR PUBLIC INFORMATION

[illegible]

**Federal Communications Commission
Form 481 Annual Reporting Data Collection Form
Section 510 Service Quality Standards &
Consumer Protection Rules Compliance**

Consolidated Communications of Fort Bend Company (CCFB) is compliant with the Service Quality Standards as set forth by the Texas Public Utility Commission in the Chapter 26 Substantive Rules Applicable to Telecommunications Service Providers Subchapter C §26.54. Paragraph §26.54 has three required categories of performance benchmarks to measure the service quality of one party line service and voice band data:

- 1) Service Orders:
 - a. Installation of Service:
 - i. Primary Service Orders (95% within 5 working days),
 - ii. Regular Service Orders Completed (90% within 5 working days), and
 - iii. All Service Orders Completed:
 1. 99% within 30 days and
 2. 100% within 90 days
- 2) Answer Time
 - a. Operator Handled Calls:
 - i. Toll and Assisted Operator Calls (85% shall not exceed 3.3 seconds),
 - ii. Repair and Service Calls (90% shall not exceed 5.9 seconds), and
 - iii. Directory Assistance (85% shall not exceed 5.9 seconds)
- 3) Trouble Reports:
 - a. Customer Trouble Reports (# per 100 Access Lines)
 - b. Out of Service Reports (90% cleared in 8 working hours)
 - c. Repeated Trouble Reports (less than 22%)

CCFB's Service Quality reports are filed with the Texas Public Utility Commission each quarter.

Customer Proprietary Network Information

General

The purpose of this policy is to specify the circumstances under which CCI and its employees are required to gain customer approval prior to using, disclosing, or permitting access to customer-specific customer proprietary network information (CPNI) and to set forth the requisites for obtaining customer notification and approval. This information is intended to be consistent with the Federal Telecommunications Act of 1996 §222 and State PUC rules in balancing competitive and consumer privacy interests with respect to customer-specific CPNI.

CPNI rules pertain to all customers of CCI's ILEC, CLEC and Long Distance lines of business.

Definition

Customer Proprietary Network Information (CPNI) is defined as: Information that relates to the quantity, technical configuration, type, destination, location and amount of use of a telecommunications service that is subscribed to by any customer of a telecommunications carrier and that is made available solely by virtue of carrier-customer relationship; and information in bills pertaining to telephone exchange service or telephone toll service received by a customer of a carrier except that such term does not include subscriber list information.

Customer approval not required

CCI and its employees may not use, disclose, or permit access to customer-specific CPNI, without customer approval except as outlined below:

No customer approval is needed to market the following services to customers:

- Inside Wire Services (install, maintain, repair)
- Specified Information Services – voice mail, call answering, fax store &
- Forward
- CMRS (wireless), Paging services
- Adjunct-to-basic services:
- Computer assisted DA
- Caller ID
- Call Waiting
- Speed Dialing
- Call Blocking
- Call Forwarding
- Call Tracing
- Centrex features
- Messaging services
- New Services (within the existing line-of-business relationship with the customer)

Customer's right to restrict CPNI

A customer may notify CCI that such customer restricts the use of, disclosure of, and access to that customer's specific CPNI. In this case, customer specific CPNI should not be disclosed or used in marketing services to that customer. Customer records should indicate that no approval is granted to use the customer's CPNI.

CCI must establish a free 24-hour per day 7 day per week method for customers to disapprove use of individual CPNI.

Customer approval required

CCI may not use, disclose, or permit access to customer-specific CPNI, without customer approval, for the following:

- ☐ To market to a customer service offerings that are within a category of service to which the customer does not already subscribe to from CCI, unless we have customer approval to do so;
- ☐ To provide Internet access; or
- ☐ To identify or track customers who call competing service providers.

Obtaining customer approval

There are three methods of obtaining customer approval to use individual CPNI:

1. Opt-Out method. Customer approval assumed 30 days after notice unless the customer specifically denies consent. If Opt-Out is used, notices must be sent every two years.

2. Opt-In method. Customer must expressly give consent prior to our disclosure of CPNI to unrelated third parties or to affiliates that do not provide telecommunications services.

3. One-Time Use method. CCI may use oral notice to obtain limited, one-time use of CPNI for inbound and outbound customer telephone contacts for the duration of the call, regardless of whether carriers use opt-out or opt-in approval based on the nature of the contact.

- CCI may obtain approval through written, oral or electronic methods;
- When relying on oral approval, we must bear the burden of demonstrating that such approval has been given in compliance with this section;
- CCI must maintain records of notification and approval, whether oral, written, or electronic, for at least one year.

**Federal Communications Commission
Form 481 Annual Reporting Data Collection Form**

SECTION 610 FUNCTIONALITY IN EMERGENCY SITUATIONS

**§54.313(a)(6) – ABILITY OF VOICE SERVICE TO FUNCTION IN EMERGENCY
SITUATIONS**



CONSOLIDATED COMMUNICATIONS OF FORT BEND (CCFB)
GENERAL EXCHANGE TARIFF
TEXAS

SECTION 6
3rd Revised Sheet No. 13
Cancels 2nd Revised Sheet No. 13

LOCAL EXCHANGE SERVICE

6.4 LIFELINE PROGRAM

6.4.1 General

A. Background

The Lifeline Discount Telephone Service (Lifeline Service) is a jointly sponsored federal and state telecommunications assistance program designed to make retail local exchange access service available at reduced rates to eligible residential customers. The Lifeline Program involves discounts to monthly rates for service.

(D)
—
(D)

B. Services included in Lifeline Telephone Discount Service

Lifeline Services or functionalities available to qualifying low-income customers as enumerated in Title 47, Code of Federal Regulations, §54.101(a):

(D)
—
(D)

Eligible voice telephony services must provide voice grade access to the public switched network or its functional equivalent; minutes of use for local service provided at no additional charge to end users; access to the emergency services provided by local government or other public safety organizations, such as 911 and enhanced 911, to the extent the local government in an eligible carrier's service area has implemented 911 or enhanced 911 systems; and toll limitation services to qualifying low-income consumers.

(N)
—
(N)

LOCAL EXCHANGE SERVICE

6.4 LIFELINE PROGRAM (Cont'd)

6.4.1 General (Cont'd)

C. Services not included in Lifeline Telephone Discount Service

Lifeline customers may receive services not included in Lifeline Telephone Discount Service. Lifeline customers will be entitled to obtain such services, where available, at their discretion, even though the Lifeline rate reduction does not apply to these services.

(C)

D. Retroactive Participation

Customers may be automatically enrolled or may self-enroll in Lifeline. Reduced rates start at that time. Lifeline Discount Telephone Service will not be available on a retroactive basis.

(C)

E. Regulations stated herein apply to Lifeline Discount Telephone Service only. As of September 1, 2001, the Tel-Assistance Service program is discontinued, and all customers that were receiving benefits under this program will be automatically enrolled in the Lifeline Service program. If a customer's Tel-Assistance discount is greater than the discount they would receive under the Lifeline program, the customer will continue to receive the larger discount. The larger discount will be given to the customer under the Lifeline program until the customer discontinues their service or no longer meets eligibility requirements

(T)

(T)

PUCT Approved
Feb 3, 2005 Docket 30698

LOCAL EXCHANGE SERVICE

6.4 LIFELINE PROGRAM (Cont'd)

6.4.2 Customer Eligibility Requirements

Customer eligibility will be determined by the Texas Low-Income Discount Administrator (LIDA).

A. Lifeline Discount Telephone Service will be provided to customers with a household income at or below 150% of the Federal poverty level (as determined by the United States Office of Management and Budget and reported annually in the Federal Register) or in whose household resides a person who receives or has a child who receives:

1. Medicaid
2. Food Stamps
3. Low Income Home Energy Assistance Program (LIHEAP)
4. Supplemental Security Income (SSI)
5. Federal Public Housing Assistance (FPHA)
6. Health benefits coverage under the state child health plan under Chapter 62, Health and Safety Code (CHIP).

B. Tribal Lands Lifeline Discount will be provided to applicants residing on Tribal Lands and participating in one or more of the following criteria (referenced in Title 25, Code of Federal Regulations, Section 20.1, paragraph (v)):

1. Bureau of Indian Affairs general assistance
2. Tribally administered Temporary Assistance for Needy Families (TANF)
3. Head Start (must meet program's income qualifying standard)
4. National School Lunch Program (must satisfy income standard for free lunch program)

C. The discounted service must be provided in the eligible customer's name. Lifeline Service benefits are applicable only to the primary line at the customer's principal residential premises. A residential premises or dwelling place, is intended to be that location where an applicant resides, even if such residential premises, or dwelling place, is only a single room.

LOCAL EXCHANGE SERVICE

6.4 LIFELINE PROGRAM (Cont'd)

6.4.3 Customer Enrollment

A. General

The Company and the Commission seek to extend Lifeline Service to all qualifying customers. To this end, qualifying customers will be automatically enrolled where the criteria are met and may be self-enrolled when the qualifying criteria are met and automatic enrollment does not occur.

(D)

The LIDA determines and certifies the eligibility of customers for the Lifeline Program. The Company enrolls customers in the Lifeline Program at the direction of the LIDA.

(D)

B. Automatic Enrollment

Customers receiving benefits under the programs listed in Section 6.4.2.A. and who have telephone service will be subject to the Lifeline automatic enrollment procedures as provided by the LIDA, unless they provide the LIDA with a request to be excluded from Lifeline service.

C. Company Procedures for Automatic Enrollment

On a monthly basis, the Company will send a list of customers to the LIDA. The LIDA will match the names with the Texas Department of Human Services (TDHS) file containing the names of applicants who receive benefits from qualifying assistance programs. The LIDA will then send a file to the Company of new consumers who are eligible for Lifeline service. The Company will utilize this file to give the Lifeline discount to eligible Company customers.

(T)

LOCAL EXCHANGE SERVICE

6.4 LIFELINE PROGRAM (Cont'd)

6.4.3 Customer Enrollment

D. Self-Enrollment

Applicants who participate in LIHEAP or FPHA, or whose household income level is at or below 150% of the federal poverty guidelines, may self-enroll for Lifeline service by completing an application form that they either participate in a qualifying program or meet the income requirements specified above. The Company or LIDA will send a blank application upon customer request. The customer must return the form to the LIDA.

(C)

E. Tribal Land Applicants

Tribal Lands Applicants may also self-enroll under penalty of perjury that he/she resides on a reservation, as defined in Title 25 Code of Federal Regulations, Section 20.1, paragraph (v), and receives benefits from at least one of the programs referenced in Section 6.4.2.A.

F. Time Requirements

The Company will enroll customers in or remove them from Lifeline within 30 days of receipt of the LIDA file. Reduced billing will commence with enrollment.

G. Discontinuance of Lifeline Discounts for customers automatically enrolled.

The eligibility period for automatically enrolled customers is the length of their enrollment in TDHS benefits, plus a period of 60 days for renewal. Automatically enrolled customers will have an opportunity to renew their TDHS benefits or self enroll with LIDA upon the expiration of their automatic enrollment.

8. Discontinuance of Lifeline Discounts for customers who have self enrolled.

Individuals not receiving benefits through TDHS programs, but who have met Lifeline income qualifications in Section 6.4.2.A., are eligible to receive the Lifeline Discount for seven (7) months, which includes a period of 60 days during which the customer may renew their eligibility with LIDA for an additional seven (7) months.

LOCAL EXCHANGE SERVICE

6.4 LIFELINE PROGRAM (Cont'd)

6.4.4 Lifeline Discounts

A. Qualified Lifeline Statewide Enrollees will receive discounts on monthly bills as follows.

1. Federal Subscriber Line Charge Waiver

Federal Lifeline support provides a \$9.25 credit off monthly voice telephone service rates to a qualifying low-income customer, pursuant to Title 47, Code of Federal Regulations, § 54.403.

3. Additional State-approved Reduction

A qualifying low-income customer shall receive an additional state-approved reduction of intrastate charges

| | <u>Rate</u> | |
|--|-------------|-----|
| Additional State Approved Reduction | \$4.47 | (I) |

LOCAL EXCHANGE SERVICE

6.4 LIFELINE PROGRAM (Cont'd)

6.4.4 Lifeline Discounts (Cont'd)

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B. Lifeline Tribal Lands Discounts

In addition to the Lifeline service provided herein, the rate for local monthly service for an eligible Tribal lands resident shall be reduced by an additional amount, as follows:

| | |
|---|---------|
| Additional Federal approved reduction (10/1/00) | \$25.00 |
|---|---------|

The monthly local residential rate (including any mileage, zonal, or other non-discretionary charges associated with basic residential service) for qualifying low-income individuals living on tribal lands may not be reduced below \$1 per month.

6.4.5 Deposits and Payments for Service

A. Credit verification

The credit verification procedures used for all applicants who apply for service with the Company will also be used for applicants who apply for service under the Lifeline Discount Telephone Service Program.

B. Deposits

The deposit standards used for all applicants who apply for service with the Company will be used for applicants who apply for service under the Lifeline Discount Telephone Service Program. However, as provided in Section IV.E.5., the Company will not collect a deposit if the Lifeline customer signs up for toll blocking service.

LOCAL EXCHANGE SERVICE

6.4 LIFELINE PROGRAM (Cont'd)

6.4.5. Deposits and Payments for Service (Cont'd)

C. Payment for Service

Once service has been established for a Lifeline Service customer, he/she will be expected to adhere to the same bill payment policy and procedures expected of any other Company customer. See Section 6.4.5.H. for eligibility for an extended deferred payment plan.

D. Toll Blocking

The Company will offer toll blocking service at no charge to all qualifying low-income customers at the time such customer subscribes to Lifeline Service. If the customer elects to receive toll blocking, that service shall become part of the customer's Lifeline Service and the customer's monthly bill will not be increased by otherwise applicable toll blocking charges.

E. Service Deposit Prohibition

If a qualifying low-income customer voluntarily elects toll blocking from the Company, the Company may not collect a service deposit pursuant to Substantive Rule §26.24 (relating to credit requirements and deposits) in order to initiate Lifeline Service.

F. Disconnection prohibition

Customers receiving service through the Lifeline Program may not be disconnected for non-payment of toll charges unless the Company receives a waiver from the Commission for this requirement.

G. Service Connection Charges

1. Current customers converting to Lifeline Service shall not be charged for changes in telephone service arrangements that are made in order to qualify for Lifeline Service, or for service order charges associated with transferring the account into Lifeline Service

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PUCT Approved
Feb 3, 2005 Docket 30698

LOCAL EXCHANGE SERVICE

6.4 LIFELINE PROGRAM (Cont'd)

6.4.5. Deposits and Payments for Service (Cont'd)

G. Service Connection Charges (Cont'd)

2. If the eligible customer changes the telephone service or initiates new service, the Company will begin reduced billing at the time the change of service becomes effective or at the time new service is established.
3. After the initial connection to the Lifeline Program, any subsequent changes may be subject to the applicable service connection charges.
4. When a customer, who is removed from the program by LIDA, leaves the Lifeline Telephone Discount Program and converts to non-Lifeline services, no service connection charges are applicable. If the customer voluntarily exits from the Lifeline program and converts to a non-Lifeline service, service charges may be applicable.
5. New residential applicants (those without existing local exchange access service) eligible for the Lifeline Program will be subject to the applicable service connection charges.

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H. Deferred Payment Plan

Any Lifeline customer may elect to subscribe at no charge to Toll restriction Service, and to restrict their line from incoming Billed to Third Party, Collect and Calling Card calls. Any Lifeline customer who expresses an inability to pay their past due account balance may elect to enter into an extended deferred payment plan, not to exceed twelve (12) months. Lifeline customers who elect this payment arrangement will be required to obtain, at no charge, Toll Restriction Service and to maintain restrictions on their line to deny incoming Billed to Third Party, Collect and Calling Card calls, until such time as the terms of the extended deferred payment plan are met. Such customers remain responsible for payment of any charge(s) initiated and billed to the account after the terms of the extended deferred payment plan have been agreed upon, as outlined in this Tariff. For such charges, the Company retains the sole discretion as to whether to extend additional payment arrangements.

Template for Reporting Community Anchor Institutions (Lines 2018, 3012B, and 4003B)

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